



MASBDA Guarantee No. _____

SARAH STEELMAN, STATE TREASURER
BIG MISSOURI LINKED DEPOSIT
AGRICULTURE – GUARANTEED AGRI-
BUSINESS LOAN APPLICATION

NOTE: Only applicants who have received a loan guarantee from the Missouri Agriculture and Small Business Development Authority's Value-Added Loan Guarantee Program are eligible for this linked deposit program. For more information about this loan guarantee program, please call (573) 751-2129 or visit MASBDA's website at www.mda.mo.gov.

TO BE COMPLETED BY GUARANTEED AGRI-BUSINESS APPLICANT:

Name: _____

Business Name: _____ Number of Employees _____

Social Security #: _____ Tax I.D. #: _____

Street: _____ City: _____

County: _____ State: _____ ZIP: _____

Phone #: _____ FAX #: _____

Amount Requested: \$ _____ Applicant's Equity: % _____

If you requesting this loan due to drought or other natural disaster, please provide an explanation of the impact on your operation: _____

NOTE: Linked deposits are issued by the State Treasurer's Office for a one-year term, which will typically be renewed annually up to five years. In extraordinary circumstances, a deposit for a multi-year term may be considered. In such cases, an applicant must provide a compelling and documented justification for such a request. The Treasurer's Office reserves the sole discretion to fund deposits on an annual basis or for multi-year terms up to five years. If you are requesting a multi-year loan, please attached a justification based on sound business reasons.

DEMOGRAPHIC INFORMATION

Have you participated in the State's linked deposit program previously? ☐ Yes ☐ No

If yes, what time period: _____

Are you a minority ☐ or female ☐ (question required by SB 270)

Is applicant using MO Agriculture and Small Business Development Authority's (MASBDA) Value-Added Loan Guarantee Program? ☐ Yes ☐ No

APPLICATION CERTIFICATION:

In submitting this application, I the undersigned eligible borrower have read the following and hereby certify and agree that I meet the following eligibility criteria:

(a) Am headquartered in Missouri ☐ True ☐ False

(b) Maintain operations and transact business in Missouri ☐ True ☐ False

(Continued on other side)

APPLICATION CERTIFICATION (CONTINUED):

- (c) Am organized for profit ☐ True ☐ False
- (d) Funds will only be used for expenses and projects approved by the MASBDA for the Value-Added Loan Guarantee Program ☐ True ☐ False
- (e) Do not currently owe any unpaid, non-protested taxes to the State or any political subdivision ☐ True ☐ False
(NOTE: In future years, the State Treasurer's Office may require documentation of payment of taxes or request confirmation of taxes from the State Department of Revenue.)

I further certify that the reduced rate loan will be used exclusively for necessary expenses, and that I am aware of the Conflict of Interest Policy adopted by the State Treasurer's Office and I comply with that policy. Additionally, I attest that I am in compliance with all state and federal laws. In the event that the loan proceeds are not used for allowable expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand that the Treasurer may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests including preparation of an updated application. I understand that any intentional misrepresentation or misuse of linked deposit loan funds subjects the responsible party to criminal liability.

Name (type or print)

Title (if business)

Signature

Date**BANK CERTIFICATION:**

After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the BIG Missouri Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify the State Treasurer and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to the State Treasurer in determining whether this applicant is an appropriate participant in the BIG Missouri Linked Deposit Program and agrees to immediately notify the State Treasurer if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this program.

I further certify that the bank is maintaining the documentation that proves eligibility of applicant(s) and can provide this information if requested by the State Treasurer's Office. (Resources that may be used to verify certification includes copies of driver's license (age), tax return (address), financial statement (equity of applicant), and the county appraisal (acreage owned in county)).

If deposit amount requested is over \$100,000, the interest rate that would normally apply to this loan is _____%.

For Lender:

Signature

Title

Date